

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036540

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9429

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

St. Louis, Mo.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

DOA. City Hosp.

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
4317 ItaskaReside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Rose I. Nistler

4. DATE OF DEATH

Month

Day

Year

Oct. 1, 1962

5. SEX

female

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Oct. 30, 1893 68

9. AGE (last birthday)

IF UNDER 1 YEAR

Months

Days

Hours

Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

ITEM NO.

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Ignatius Dahlheimer

13b. MOTHER'S MAIDEN NAME

Mary Moussett

14. NAME OF HUSBAND OR WIFE

Robert J. Nistler Sr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

4317 Itaska, St. Louis, Mo.
Robert J. Nistler Sr.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

LEFT VENTRICULAR FAILURE

INTERVAL BETWEEN ONSET AND DEATH

1 Hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

CORONARY THROMBOSIS

1/2 Hour

DUE TO (c)

HYPERTENSION 720.1

10 YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

ARTHRITIS

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from NOV. 1, 1959 to SEPT. 1962 and last saw her alive on SEPT. 23, 1962

Death occurred at 7 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

A. J. Field, D.O.

22b. ADDRESS

830 N. KINGS HIGHWAY

22c. DATE SIGNED

10-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

10-4-62

23c. NAME OF CEMETERY OR CREMATORY

Sunset Burial Park

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

(State)

24. FUNERAL DIRECTOR

Southern Funeral Home
6322 S. Grand, St. Louis, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

OCT 2 1962

REGISTRAR'S SIGNATURE

Roan Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. L.H. Friel
830 N. Kensington
1 to 6

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.